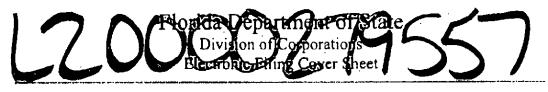
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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 : (305)358-1310

Fax Number : (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
F 1- U Z 4	7001 L331	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZOJA INTERNATIONAL HOLDING LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	TONAL HOLDING LLC		PH -
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liab:hty Company)	0.1. 1.5.	5
·		10 Y	<u></u>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	\sim
Florida document number L20000279557			
	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
		•	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "LLC" or the	abbreviation "L.L.C."	
	,,		
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADDRESS)			_
	·		_
•		•	
Enter new mailing address, if applicable:			
<u> </u>			_
(Mailing address MAY BE A POST OFFICE BOX)			-
			_
D V6 N A A A A A A A A A A A A A A A A A A	- 4 4		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aduress on our records, enter the m	ime of the new regist	erea
ENTITY BUT AT ANY HAVE A ANALYSI AN ANTITY BARBART BARBART.		,	•
	·		
Name of New Registered Agent:		**************************************	-
New Registered Office Address:			_
	Enter Florido street address		
	, Florida		
· · · · · · · · · · · · · · · · · · ·	City	Zip Code	_

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

To: -18506176383

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name		Address	Type of Action
MGR	MARTHA ISABEL ARIAS		50 MENORES AVE	B Add
			MIAMI, FL 33134	□ Remove
	·	•		□ Change
<u> </u>	· · · · · · · · · · · · · · · · · · ·			□ Add
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